U.S. AIR FORCE

Alcohol Brief Counseling In the U.S. Air Force

29 Apr 09

Sue Scheddel, LCSW-C, CADAC
Alcohol and Drug Abuse Prevention and Treatment (ADAPT)
Program Manager
Andrews Air Force Base, Maryland

U.S. AIR FORCE

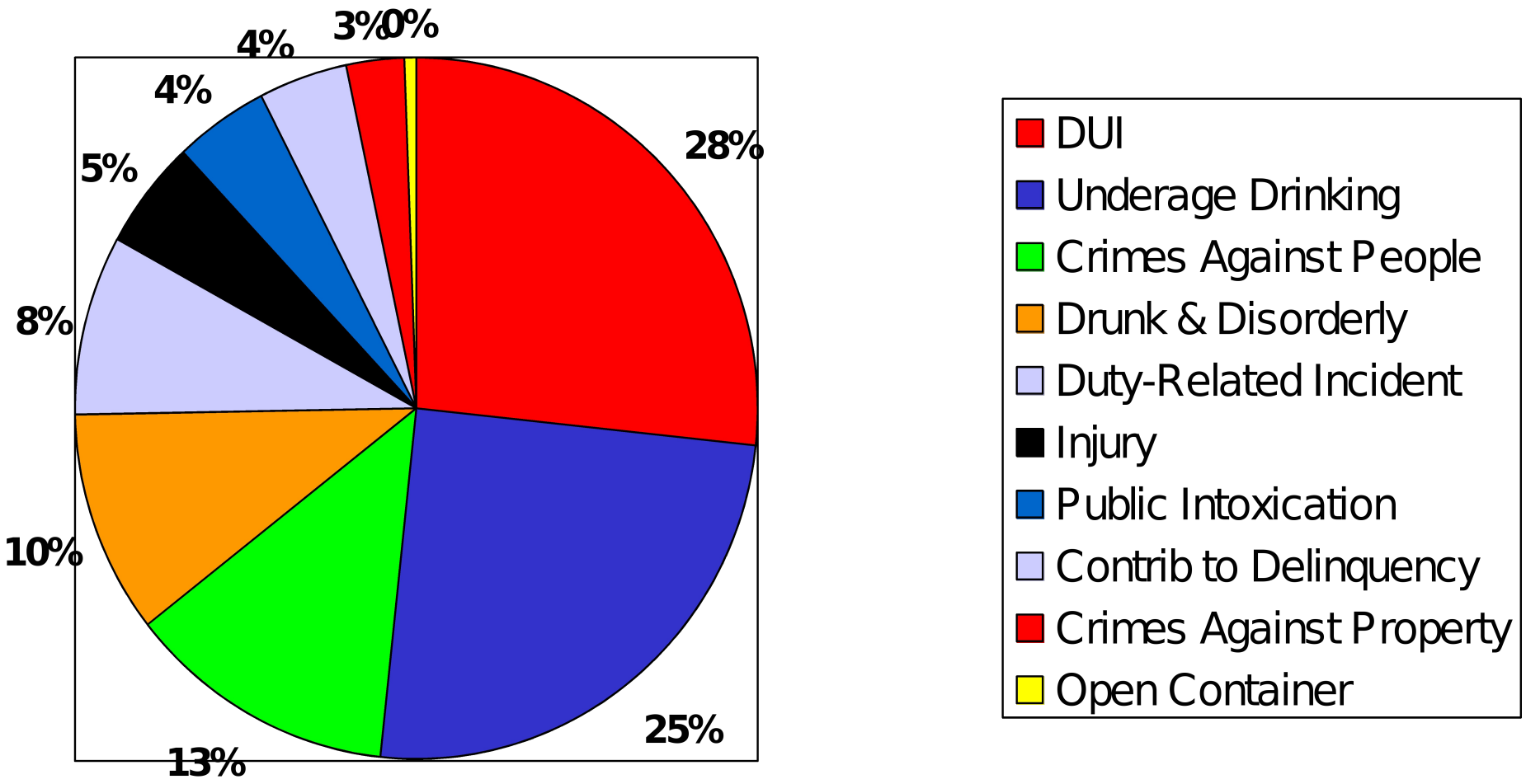
Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

- Part of mental health services at every base
- ADAPT Program Manager (typically psychologist or social worker)
- Certified Alcohol and Drug Abuse Counselors (mental health technicians)
- Mandatory referral for suspected substance abuse/dependence or substance-related misconduct
  - Secondary prevention if not diagnosed
  - Treatment if diagnosed. Level of care and treatment plan are developed according to American Society of Addiction Medicine (ASAM) criteria

2007 USAF Alcohol-Related Misconduct (ARM)

Referrals to Alcohol and Drug Abuse Prevention and Treatment Programs

U.S. AIR FORCE

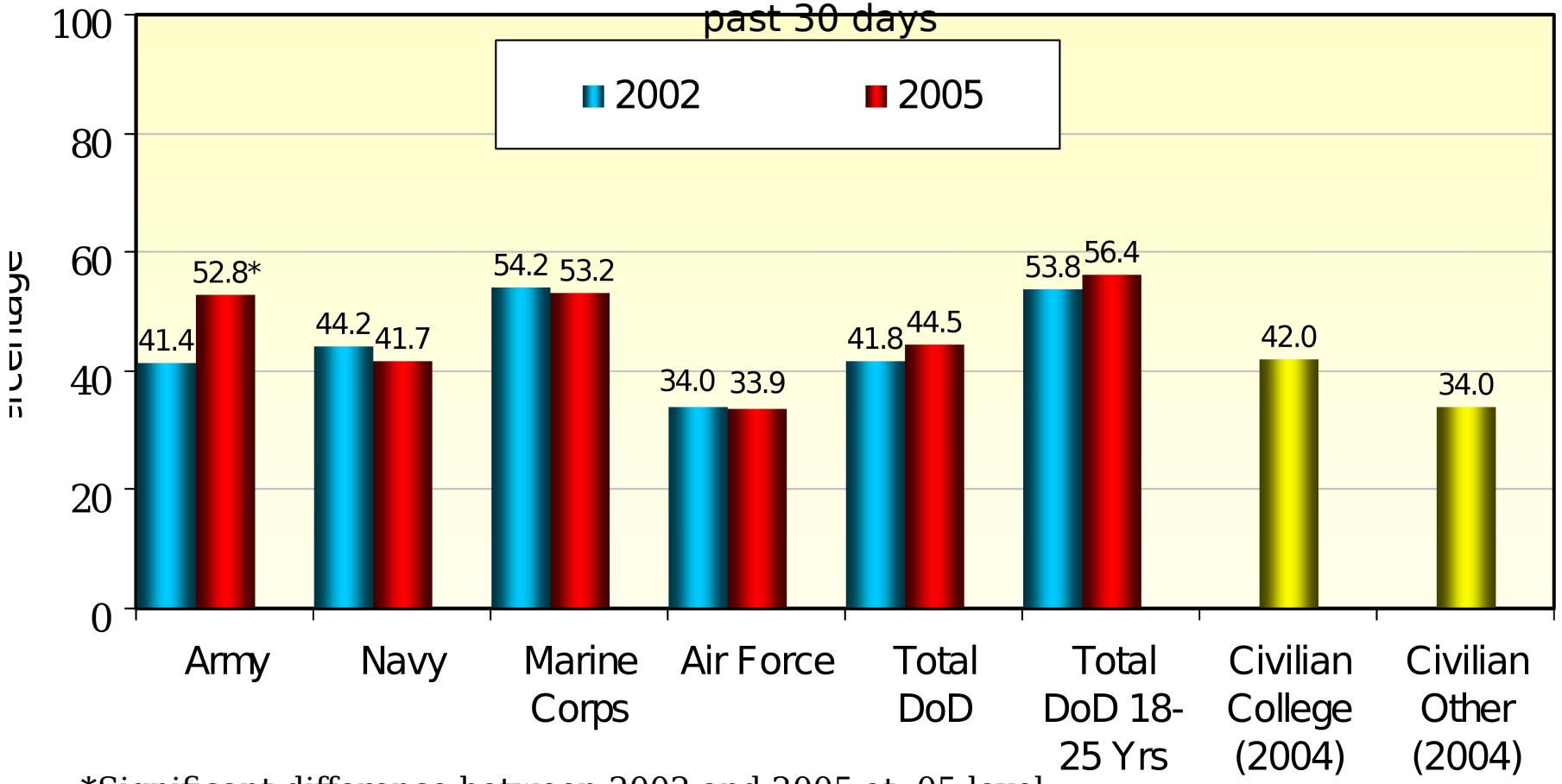


U.S. AIR FORCE

Unadjusted Binge Drinking Rates by Service, 2002 – 2005

DoD Survey of Health Related Behaviors

Binge Drinking = 5 or more drinks on a single occasion at least once in in the past 30 days



*Significant difference between 2002 and 2005 at .05 level.
Civilian estimate for 1-4 years past High School reported from Monitoring the Future, past 2 weeks, 2004.

U.S. AIR FORCE

The Problem

Secondary Prevention previously provided a minimum 6-hours Substance Abuse Awareness Seminar (SAAS)

- **Perceived as a "Cookie Cutter"/ intervention was not clinically based/ information was not applicable to all**
- **Variation in group composition at times created counterproductive learning environment**
- **Complaints of lost personnel hours/productivity**
- **Overall no significant effect on reducing alcohol-related misconduct******

U.S. AIR FORCE

What does the literature say?

- **Alcohol Review "Mesa Grande", Miller and Wilbourne, 2002**
  - **361 controlled studies-weighted on methodological strength**
- **Strongest Efficacy:**
  - **Brief Interventions**
  - **Social Skills Training**
  - **Community Reinforcement**
  - **Behavioral Contracting**
  - **Behavioral Marital Therapy**
  - **Opiate Antagonists (Naltrexone, Nalmefone) and Acamprosate**
- **Least Efficacy:**
  - **Education, Confrontation, Shock or Insight Driven Methods, Mandatory AA, etc…**

U.S. AIR FORCE

Brief Interventions

- Effective - 2001 review of 56 studies
  - Non-treatment seeking populations
- Efficient - less resources necessary
- Flexible - can vary based on stage of change
- Developmentally (stage) appropriate
  - Raise doubts and awareness
  - Movement along stages of change
- Personalized
- If conducted carefully, minimizes counter-arguing

U.S. AIR FORCE

Air Force Implementation

- A Working Group was formed consisting of Air Force and civilian subject matter experts
- The outcome was the development of Alcohol Brief Counseling (ABC)
- ABC is an evidence-based approach to secondary prevention that targets at-risk individuals
- Manual developed in 2006 based on existing programs from the Addictive Behavior Research Center, University of Washington
- Primary sources:
  - Dimeff, L. A., Baer, J. S., Kivlahan, D. R., & Marlatt, G. A. (1999) Brief Alcohol Screening and Intervention for College Students: A Harm Reduction Approach. New York: Guilford Press
  - Addictive Behaviors Research Center, (1998). Alcohol Skills Training Program Counselors Manual. Unpublished manuscript, University of Washington
- Civilian Expert Consultant: John S. Baer, Ph.D
- Tailored for Air Force Use by: Brown C.J., Johnson, M.R., Previe, K.L., Hunter, C.M., Robinson, C.S., Scheddel, S.R. & Simmons, J.P.

U.S. AIR FORCE

Alcohol Brief Counseling (ABC)

- Referral and collateral information received
- Standardized computer based Substance Use Assessment Tool (SUAT)
- Clinical intervention
  - Motivational Interviewing approach throughout
  - Tailored feedback reports for clinicians and clients (AUDIT, SADD, SIP, CEoA, RTQ, etc)
  - Change Plan / Prescription for Wellness
- Education / Brief Counseling
  - 1 or more sessions variable based on risk
  - Education Toolkit written assignments without loss of duty time

U.S. AIR FORCE

Alcohol Brief Counseling (ABC)

- **Follow-up appointment(s) to accomplish the following tasks:**
  - **Reassess risk status**
  - **Review any items from the education that the client does not understand or would like to review or discuss**
  - **Assess progress on the Change Plan and revise the plan as needed**
  - **Determine need for further follow-up or resources**
- **Case closing by phone or in person (depending on risk) to reaffirm commitment to harm-reducing Change Plan and decide whether or not further targeted prevention services are needed**

Motivational Interviewing (MI)

Person-centered, directive **method of communication for enhancing intrinsic motivation to change by exploring and resolving *ambivalence***

Source: Miller & Rollnick (2002)

Core Techniques: Open-ended Questions; Affirm; Reflect; Summarize

Adapted from Walters, S. & Baer, J. *Talking with College Students about Alcohol: Motivational Strategies for*
© 2006, Guilford Press.

Elements of Brief Counseling

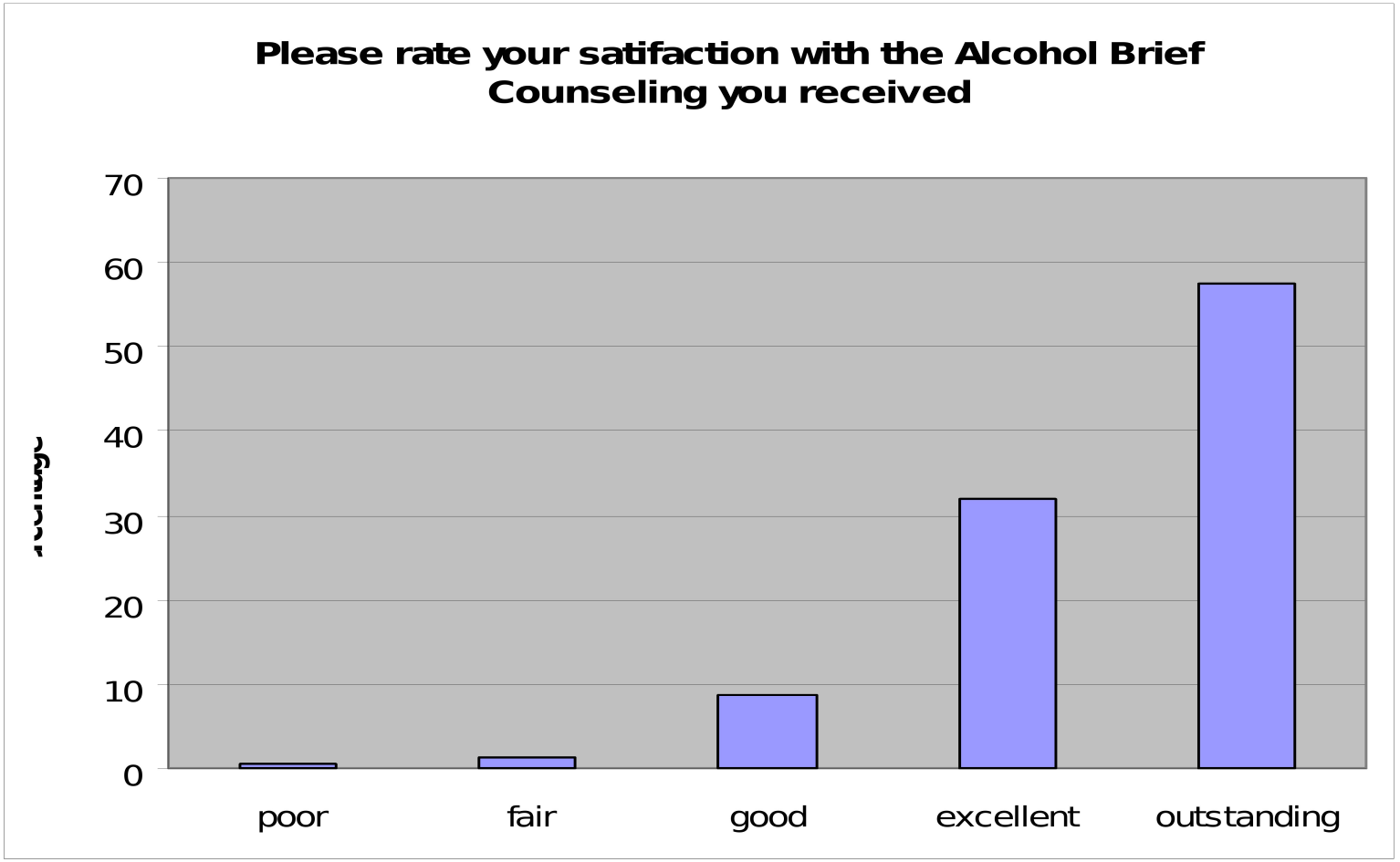
- **Feedback is presented to client (lab tests, surveys)**
- **Advice, clear and well timed, not pushed by the provider; avoid *direct persuasion***
- **Responsibility for change left with the patient; ambivalence is seen as normal**
- **Menu of options, alternatives, resources for how the client would address needed behavior change**
- **Empathy expressed by the counselor may be THE most critical component of brief approaches; *in the absence of empathy, change rarely occurs***

Source: Miller & Rollnick (2002)

- **Self-Efficacy is supported and promoted**

U.S. AIR FORCE

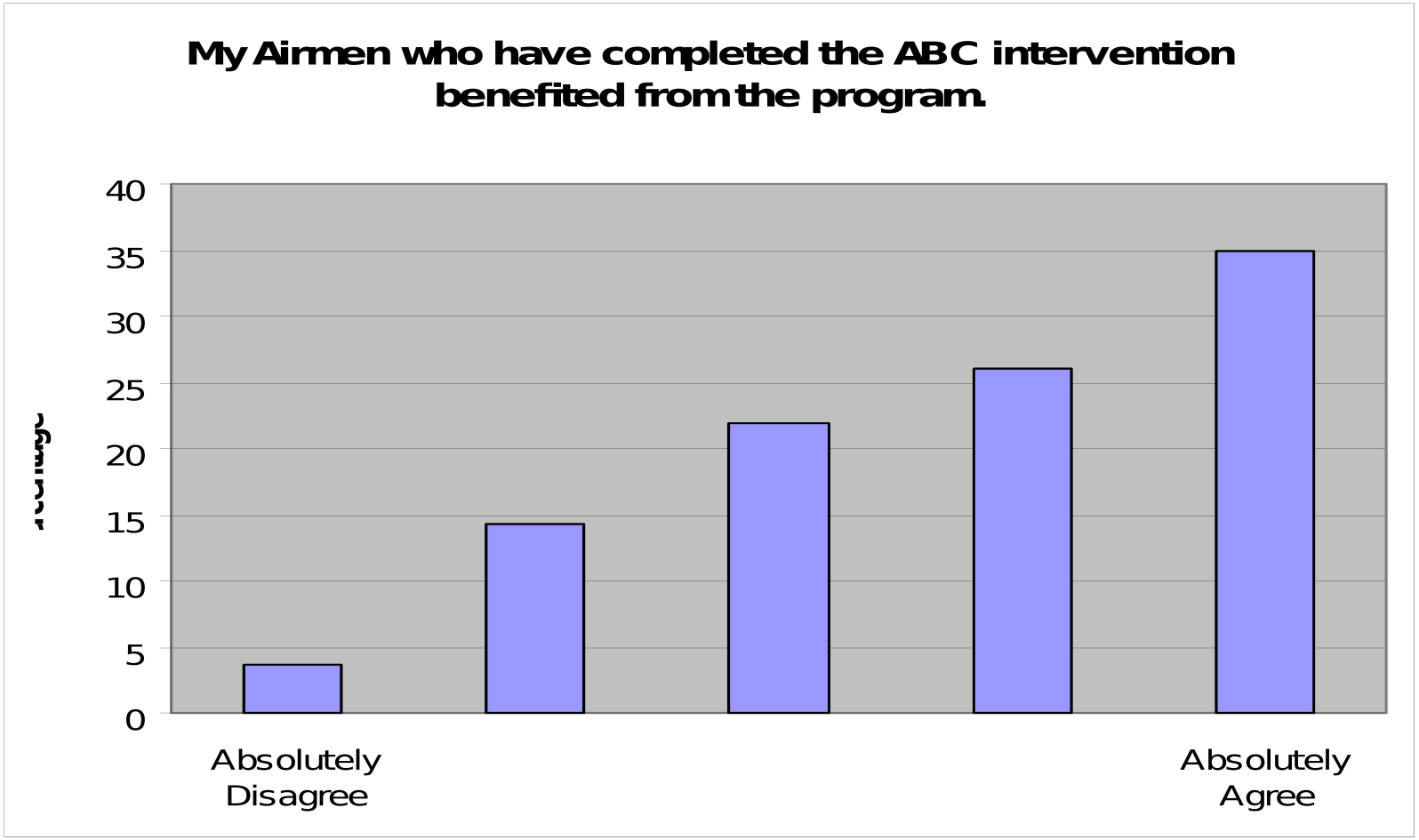
Client Overall Satisfaction



N = 405 clients

U.S. AIR FORCE

Commander and First Sergeant Surveys: Perceived Benefit to their Airmen



N = 77

U.S. AIR FORCE

ABC Implementation

- **Initial data for two pilot sites revealed an 88% average decrease in recidivism cases as compared to the prior year's SAAS**
  - **Fewer careers impacted adversely**
  - **Less drain on valuable clinical resources**
  - **More flexibility in scheduling/ mission needs**
  - **Higher satisfaction for counselors**
- **Air Force-wide policy in January 2008, and training was completed for all AF bases by Major Command during 2008**